

Supplemental Questionnaire  
for

**Public Health Nurse Coordinator - Epidemiology**

Please read through the instructions and the questionnaire carefully before you fill it out. It is very important that you answer the questions as completely and accurately as possible.

**INSTRUCTIONS**

The Utah County Personnel Office appreciates your interest in this position. Since this questionnaire is an important part of the selection process for this position, **it must be fully completed.** It has been prepared to give applicants the same opportunity to fully explain their background as it relates to this position. In this questionnaire you will be asked to describe your past experience in performing certain duties. **Do not substitute your resume or any other material for a response to the questions contained in this questionnaire. *Any work experience listed on this supplemental questionnaire must be indicated on your application.*** We are only interested in your past experience, not in titles of positions you have held, or in your belief that you could do the job if given the chance. Please follow the instructions carefully for each question. Please write clearly.

**The information you provide will be evaluated to determine your eligibility for further consideration.**

**Please type or use black ink (for reproduction purposes).** Please attach additional pages using the same format when more space is needed. Please submit all application materials to Utah County Personnel Office, 100 East Center, Suite 3800, Provo, Utah, 84606.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Date

Job Announcement Posting # \_\_\_\_\_

Last four numbers of Social Security #: X X X - X X - \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

**PLEASE READ CAREFULLY BEFORE SIGNING:** The answers to the following questions are true and complete to the best of my knowledge. I understand that falsification of information may result in my disqualification or removal from a County position.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Please answer the questions as completely as you can. Remember, we are interested in a description of your past experience and not in the titles of positions you have held. Identify your employer(s) for all the experience you describe.***

Please describe in detail the length and scope of your experience in the following areas:

1. Describe your supervisory experience in hiring, training, completing performance evaluations, scheduling of work load, reviewing work, and administrating disciplinary actions. (Include the size of staff supervised.)

Number of months in this function: \_\_\_\_\_ ☐ full time ☐ part time

2. How do you determine prevalence and incidence of disease.

3. Describe your work experience with passive/active communicable disease surveillance systems.

Number of months in this function: \_\_\_\_\_ ☐ full time ☐ part time

4. How would you decide when to initiate surveillance of a new disease syndrome.

5. What has been your experience in designing and implementing tools for collecting data related to recurring complaints of disease outbreaks? Please include how you have analyzed and summarized data obtained from epidemiological investigations and developed conclusions and recommendations for appropriate interventions.

Number of months in this function: \_\_\_\_\_ ☐ full time ☐ part time

6. Please list the software and computer programs you use. Indicate those you are proficient with and those you are familiar with.